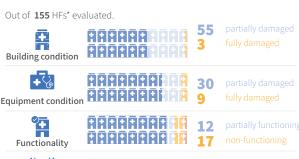


HeRAMS Ukraine | Kharkivska SNAPSHOT AUGUST 2025

OPERATIONAL STATUS



131 (85%) out of 155 HFs evaluated are at least partially operational.*



Accessibility

5 partially acce 20 fully damage

4 inaccessibl

HF by type

Mono

profile

hospital

(n = 41)



32% Other (n = 1)

OperationalNot operational

32% 37%

Partially operational

0% 100°

profile

hospital

MAIN CAUSES OF...

Functionality constraints

Building damage

The 3 primary causes of building damage reported by **55** partially damaged and **3** fully damaged HFs.







The 3 primary causes of functionality constraints reported by **12** partially functioning and **17** non-functioning HFs.





45%



Damage of the health Lack of security facility

Equipment damage

The 2 primary causes of equipment damage reported by $\bf 30$ partially damaged and $\bf 9$ fully damaged HFs.



Conflict / attack / looting

5% Lack of maintenance

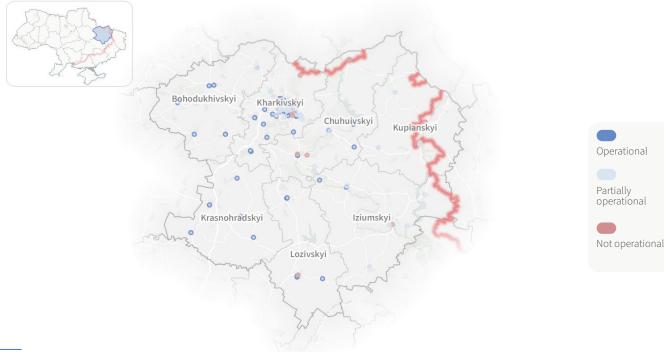
Accessibility constraints

The 3 primary causes of accessibility constraints reported by **5** partially accessible and **4** inaccessible HFs.

100% Insecurity

Y'''' 33% Physical barrier

33% Other barriers



- * This analysis is based on data from legally registered health facilities (HFs). Service delivery units such as feldsher-midwife stations and outpatient clinics that are administratively part of these facilities were not included here
- ** HFs reported as destroyed, non-functioning, or inaccessible are deemed unable to provide any health services, hence categorized as non-operational. Consequently, reporting ends upon confirmation of a HF's non-operational status.

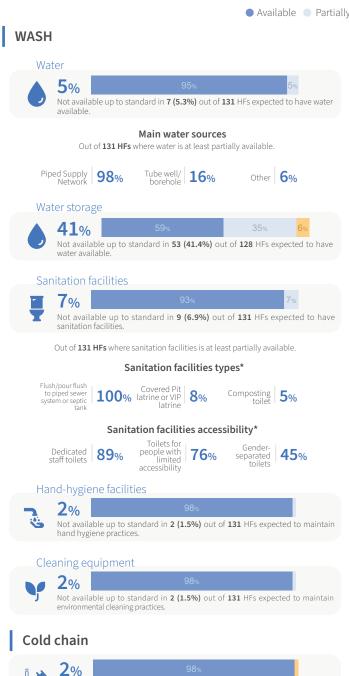


Partner support types Out of 52 HFs receiving major or partial support from partners. Out of 131 HFs partially and fully operational HFs. Provision of Governance / Oversight Training of fealth staff 92% 40% **13**% medical supplies Provision of Provision Provision of health staff of medical equipment operational costs **10**% Major support Partial support No support

BASIC AMENITIES

Out of **131** HFs partially and fully operational HFs.





Not available up to standard in 2 (1.8%) out of 114 HFs expected to have

Generator 82%

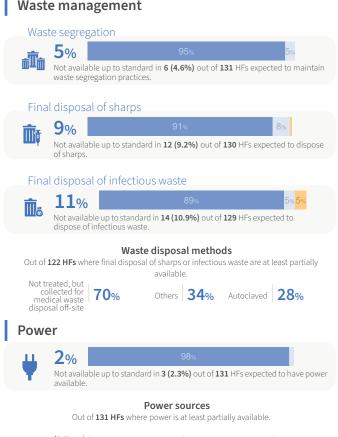
Cold chain sources

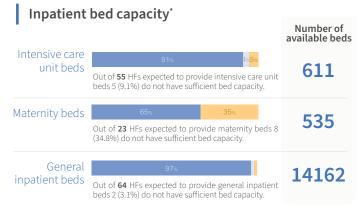
Out of 112 HFs where cold chain is at least partially available

cold chain capacity.

Public power network 99%

Waste management





100% Generator 83% Solar system 8%

Main barriers*

Out of 9 HFs where inpatient bed capacity is not available up to standards.







Lack of staff 67%

electricity network

Lack of financial 33% resources

Lack of medical equipment

Other 10%





Transportation of patients



Transportation types

Out of 120 HFs where transportation of patients is at least partially available.



Ambulance 35%

Off-road 10%

Heating



Out of 129 HFs where heating is at least partially available.

38% Autonomous lelectric heating

Communications Equipment Sufficiency



Connectivity



Connectivity types

Out of 131 HFs where connectivity is at least partially available.

Landline 98% Mobile data 44% Satellite 26%

Health information management systems

eHealth



Data entrance into the eHealth



Not available up to standard in 3 (2.3%) out of 130 HFs where the information system is expected

Epidemiological Reports



Not available up to standard in 2 (1.6%) out of 129 HFs where the information system is expected.

Activity Reports



1% Not available up to standard in 1 (0.8%) out of 130 HFs where the information system is expected.

ESSENTIAL HEALTH SERVICES

Service domain overview

eHealth trainings to health staff



Available up to standard in all 130 HFs where the information system is expected.

Available Partially available Not available Not normally provided General clinical and

trauma care

Child health and nutrition

Communicable

diseases



46% 3% **51**%

43% 2% 54%

49% 3% 48%

Sexual and reproductive health



NCD and mental health



28% 3%

68%

^{*}Out of 131 HFs. HFs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section



General clinical and emergency care

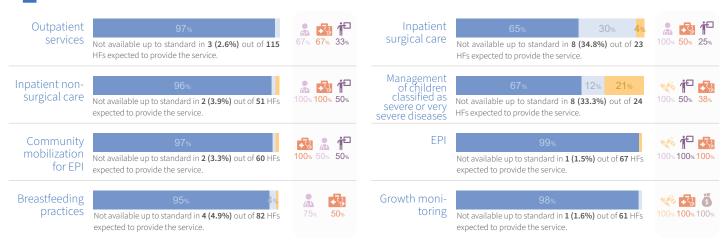
Request for ambulance services by the patient	88% 8%4% Not available up to standard in 3 (11.5%) out of 26 HFs expected to provide the service.	33% 33% 33%	Recognition of danger signs	97% Not available up to standard in 3 (3.1%) out of 96 HFs expected to provide the service.	67% 67% 67%
Acuity-based formal triage	98% Not available up to standard in 2 (2.1%) out of 96 HFs expected to provide the service.	100% 50%	Basic emergency care by prehos- pital provider	97% Not available up to standard in 3 (2.8%) out of 108 HFs expected to provide the service.	100% 67% 33%
Basic Emergency Care	98% Not available up to standard in 2 (2.1%) out of 97 HFs expected to provide the service.	100% 100% 50%	Advanced Syndrome-based management	96% Not available up to standard in 2 (4.2%) out of 48 HFs expected to provide the service.	100% 50%
Referral capacity without the need of specific transportation	99% Not available up to standard in 1 (0.8%) out of 118 HFs expected to provide the service.	100%	Monitored referral with transportation	93% 7% Not available up to standard in 3 (7%) out of 43 HFs expected to provide the service.	67% 33%
Acceptance of referrals	98% Not available up to standard in 1 (1.8%) out of 57 HFs expected to provide the service.	100%	Acceptance of complex referrals	94% 49. Not available up to standard in 3 (6.1%) out of 49 HFs expected to provide the service.	67% 67% 33%
Outpatient services for primary care	99% Not available up to standard in 1 (1.2%) out of 86 HFs expected to provide the service.	100% 100% 100%	Outpatient department for specialized care	95% 5% Not available up to standard in 3 (4.8%) out of 62 HFs expected to provide the service.	100% 67%
Home visits	94% Not available up to standard in 6 (6.2%) out of 97 HFs expected to provide the service.	50% 50%	Minor trauma definitive management	96% Not available up to standard in 4 (4.5%) out of 89 HFs expected to provide the service.	50% 50% 25%
Emergency and elective surgery	98% Not available up to standard in 1 (2.4%) out of 42 HFs expected to provide the service.	100%		89% 8% Not available up to standard in 4 (10.5%) out of 38 HFs expected to provide the service.	75% 50%
Orthopedic/ trauma ward	88% 12% Not available up to standard in 3 (11.5%) out of 26 HFs expected to provide the service.	67% 67% 33%	Short hospitalization capacity	98% Not available up to standard in 1 (1.9%) out of 53 HFs expected to provide the service.	100%
Basic inpatient bed capacity	98% Not available up to standard in 1 (2%) out of 51 HFs expected to provide the service.	100%	Advanced inpatient bed capacity	73% 17% 10% Not available up to standard in 8 (26.7%) out of 30 HFs expected to provide the service.	88% 38% 25%
Inpatient critical care management	92% 6% Not available up to standard in 4 (8.3%) out of 48 HFs expected to provide the service.	100% 75%	Basic laboratory	91% Not available up to standard in 11 (9%) out of 122 HFs expected to provide the service.	91% 45% 27%
Laboratory services for specialized care	77% 21% Not available up to standard in 23 (23.2%) out of 99 HFs expected to provide the service.	74% 48% 39%	Blood bank services	95% Not available up to standard in 2 (5.4%) out of 37 HFs expected to provide the service.	+ €3 100%
Hemodialysis/ Peritoneal dialysis	29% 14% 57% Not available up to standard in 5 (71.4%) out of 7 HFs expected to provide the service.	60% 60% 40%	Basic X-ray service	96% Not available up to standard in 4 (4.3%) out of 94 HFs expected to provide the service.	75% 50% 50%
Radiology unit	55% 41% Not available up to standard in 26 (44.8%) out of 58 HFs expected to provide the service.	96% 27% 23%	Early discharge of post-operatory patients in mass casualty scenarios	98% Not available up to standard in 1 (2.4%) out of 41 HFs expected to provide the service.	100%
Remote consultations telemedicine	94% Not available up to standard in 7 (6.3%) out of 111 HFs expected to provide the service.	100% 29% 14%	Burns treatment	73% 18% 9% Not available up to standard in 3 (27.3%) out of 11 HFs expected to provide the service.	67% 67% 33%

^{*} Out of 131 HFs. HFs reported as destroyed, non-functioning, or inaccessible are considered unable to provide health services in their current state and are therefore excluded from this section.

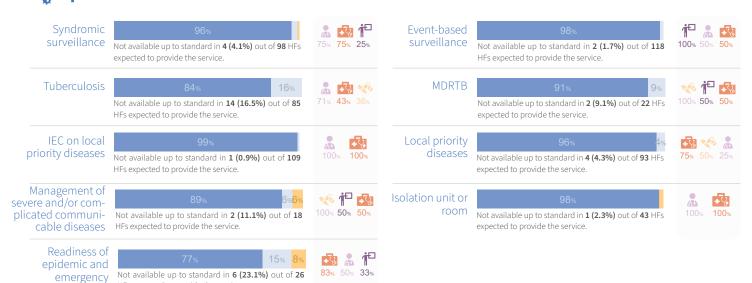








Communicable diseases





Antiretroviral treatment

situations

Sexual and reproductive health

Not available up to standard in 1 (5.3%) out of 19 HFs

expected to provide the service.

HFs expected to provide the service.



STI and HIV/AIDS

Free access to condoms	58% 21% 21% Not available up to standard in 18 (41.9%) out of 43 HFs expected to provide the service.	83% 2	\$ 28%	IEC on STI/HIV	95% 5% Not available up to standard in 5 (4.9%) out of 103 HFs expected to provide the service.	40% 40% 40%
Syndromic management of STIs	91% 9% Not available up to standard in 4 (8.7%) out of 46 HFs expected to provide the service.		50%	HIV testing and counseling	96% 4% Not available up to standard in 4 (4.1%) out of 97 HFs expected to provide the service.	50% 25% 25%
Pre-exposure prophylaxis	95% Not available up to standard in 3 (5%) out of 60 HFs expected to provide the service.	67% 67%		PMTCT	94% 4% Not available up to standard in 3 (6.4%) out of 47 HFs expected to provide the service.	67% 33% 33%



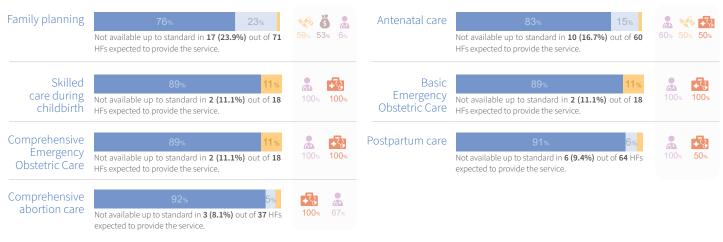




Sexual and reproductive health (cont.)

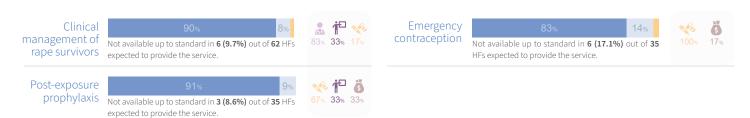


Maternal and newborn health





Sexual violence





Noncommunicable diseases and mental health

Promote self-care	95% 5% Not available up to standard in 4 (5%) out of 80 HFs expected to provide the service.	75% 50% 50%	NCD Clinic	97% Not available up to standard in 3 (2.7%) out of 110 HFs expected to provide the service.	67% 33% 33%
Asthma and Chronic Obstruc- tive Pulmonary Disease	97% Not available up to standard in 3 (3%) out of 99 HFs expected to provide the service.	67% 33% 33%	Availability of cancer diagnostics services	65% 34% Not available up to standard in 27 (35.1%) out of 77 HFs expected to provide the service.	96% 37% 22%
Primary cancer screening	87% 11% Not available up to standard in 7 (13%) out of 54 HFs expected to provide the service.	71% 43% 14%	Availability of Mammography	79% 18% Not available up to standard in 7 (20.6%) out of 34 HFs expected to provide the service.	100% 29% 14%
Availability of Hysteroscopy	70% 27% Not available up to standard in 9 (30%) out of 30 HFs expected to provide the service.	78% 44% 22%	Availability of Esophagogastro-duodenoscopy	92% 4% Not available up to standard in 4 (8.3%) out of 48 HFs expected to provide the service.	50% 50%







This analysis was produced based on the information reported into HeRAMS up to 27 August 2025 and while the deployment of HeRAMS, including data verification and validation, continue. Hence, this analysis is not final and is produced solely for the purposes of informing operations.

The designations employed and the presentation of the material in this report do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city, or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Notes:

- Causes of non-functionality, basic amenity types, and barriers impeding service availability, were limited to the top three most frequently reported responses.
- The analysis of barriers impeding service availability was limited to HFs where the health service is not available up to standard.
- The analysis of individual services was limited to HFs expected to provide the specific service.





